Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

COVER PAGE

CALIFORNIA FORM **460**

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For Official Use Only

21 JAN 2021 PM 12:25
CITY CLERK'S OFFICE

Date Stamp

Statement covers period

from __10/18/2020__

through __12/31/2020__

Date of election if applicable:
(Month, Day, Year)

__11/05/2024__

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

[X] Officeholder, Candidate Controlled Committee
   ○ State Candidate Election Committee
   ○ Recall
   (Also Complete Part 5)

[ ] General Purpose Committee
   ○ Sponsored
   ○ Small Contributor Committee
   ○ Political Party/Central Committee

[ ] Primarily Formed Ballot Measure Committee
   ○ Controlled
   ○ Sponsored
   (Also Complete Part 6)

[ ] Primarily Formed Candidate/ Officeholder Committee
   (Also Complete Part 7)

2. Type of Statement:

[ ] Preelection Statement
[X] Semi-annual Statement
[ ] Termination Statement
   (Also file a Form 410 Termination)
[ ] Amendment (Explain below)

[ ] Quarterly Statement
[ ] Special Odd-Year Report
[ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1390966

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Mike Cordero for Council 2024

STREET ADDRESS (NO P.O. BOX)
2151 S College Dr Ste 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805) 922-4881

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
arybee@aol.com

Treasurer(s)

NAME OF TREASURER
Trent Benedetti

MAILING ADDRESS
2151 S College Dr Ste 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	(805) 922-4881

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on __1-15-2021__ Date By _____ Signature of Treasurer or Assistant Treasurer

Executed on __1-19-21__ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE - PART 2

Recipient Committee
Campaign Statement
Cover Page — Part 2

CALIFORNIA **460**
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member

☐ SUPPORT
☐ OPPOSE

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   CITY   STATE   ZIP

1324 Ruby Ct.   Santa Maria   CA   93454

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?
☐ YES   ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?
☐ YES   ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER   JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD   DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

SUMMARY PAGE

CALIFORNIA **460**
FORM

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I.D. NUMBER
1390966

Campaign Disclosure Statement
Summary Page

Statement covers period

from ___10/18/2020___

through ___12/31/2020___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mike Cordero for Council 2024

Amounts may be rounded
to whole dollars.

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 150.00	$ 150.00
2. Loans Received	Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 150.00	$ 150.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 150.00	$ 150.00

Expenditures Made

		Column A	Column B
6. Payments Made	Schedule E, Line 4	$ 175.00	$ 1,300.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 175.00	$ 1,300.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 175.00	$ 1,300.00

Current Cash Statement

		Column A
12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 4,733.18
13. Cash Receipts	Column A, Line 3 above	150.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	175.00
16. **ENDING CASH BALANCE** Add Lines 12 + 13 + 14, then subtract Line 15		$ 4,708.18

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Mike Cordero for Council 2024

Statement covers period

from __10/18/2020__

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I.D. NUMBER
1390966

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/2020	Guadalupe Alvarez 246 Egret Ln Guadalupe, CA 93434	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	A&A Investments Self-Employed	150.00	150.00	G2020 $150.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $ 150.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ 150.00

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 0.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ 150.00

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E
CALIFORNIA FORM **460**

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I.D. NUMBER
1390966

Statement covers period

from __10/18/2020__

through __12/31/2020__

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NAME OF FILER

Mike Cordero for Council 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO			125.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ ____125.00____

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ ____125.00____

2. Unitemized payments made this period of under $100 .... $ ____50.00____

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .... $ ____0.00____

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... TOTAL $ ____175.00____